

Form No 1.

(1) PLACE OF BIRTH

County of Clarendon

Township of Concord

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
12284

Registration District No. 1302

Registered No. 47

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Mary D. Douglas

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or triplet?

(5) Number in order of birth

To be entered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec. 10, 1915

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Charles Douglas

(14) NAME BEFORE MARRIAGE

Beatrice Oliver

(9) PRESENT POSTOFFICE OF FATHER

Summerton S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Summerton S.C.

(10) COLOR OR RACE

negro

(16) COLOR OR RACE

negro

(11) BIRTHPLACE

Clarendon

(17) BIRTHPLACE

Clarendon

(12) OCCUPATION

Farmer

(18) OCCUPATION

Housewife

(13) Number of children born to mother, including present birth

One

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane D. Douglas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Summerton S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 10, 1915

(28) J. C. Broadway, M.D.

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH ENLARGING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law of Columbia